

HEROIN & OPIOID EMERGENCY TASK FORCE
WESTERN MARYLAND REGIONAL SUMMIT MINUTES

Monday, May 18, 2015, 10:00AM-6:00PM
Hager Hall Conference and Event Center, Hagerstown, MD

Task Force Members in Attendance

- **Lt. Governor Boyd Rutherford**
- **Judge Julie Solt**
- **Linda Williams**
- **Tracey Myers-Preston**
- **Elizabeth Embry**
- **Delegate Brett Wilson**
- **Nancy Dudley**
- **Senator Katherine Klausmeier**
- **Dr. Michael Finegan**

INTRO

Lieutenant Governor Rutherford stated that “we cannot arrest our way out” of the heroin problem, and that the Task Force remains committed to attacking the heroin epidemic from every angle. He further said that a Department of Health and Mental Hygiene report would be released the next day, with numbers reflecting trends moving in the wrong direction. The Task Force’s goal is to: find ways to prevent new users; increase and improve the quality of care and access to addiction services; address trafficking and distribution; improve interagency coordination; and explore alternatives to incarceration. All of these efforts have a positive impact on increasing awareness of the challenges Maryland faces regarding heroin.

COUNTY EXECUTIVES AND COMMISSION PRESIDENTS

I. Rebecca Hogamier, *Director of Behavioral Health Services for Washington County Health Department*

- A. Focus on medication-assisted treatment using injectable Naltrexone (non-narcotic, non-addictive medication)
- B. Concern for lack of exit strategy for those using opioids and lack of experience in tapering. Physicians believe that taking a patient off medication means a return to addiction, but there are lower doses of buprenorphine that would make tapering simpler. These formulas are illegal to prescribe to recurring addicts.
- C. Opioid dependence is rising and the number of certified treating physicians is declining. There are 4 practices in Washington County prescribing buprenorphine, and 3 of these have waiting lists. Getting certified to prescribe buprenorphine is easy (8-hour online course). Prescribing buprenorphine is like installing an ATM in the doctor’s waiting room.
- D. Rigorous checks/balances to prevent abuse/diversion makes it unattractive to treat the addicted population.
- E. Washington County doesn’t have resources to properly detox individuals. Currently can only incarcerate individuals.
- F. Recommendation: state should reconsider requiring behavioral health-treatment providers to be independently accredited when grant funding is restructured in 2016.**
- G. Questions
 - a. Q from Tracy Myers Preston: what other costs are there for the provider community?
 - i. A: Developing accreditation/costs for accreditation (should be used to treat opiate-dependent individuals instead).

- b. Q from LG: do they get put out of business if they can't afford accreditation?
 - i. A: Yes.
- c. Q: What about small treatment providers?
 - i. A: They can't afford accreditation process. It's going backwards. The required accreditation process will likely eliminate smaller, existing treatment providers, which is what we need at this point. The resources required to be accredited could be used to treat the opiate-dependent individual.

II. Bill Valentine, *President of the Board of Allegany County Commissioners*

- A. Allegany is a small county; proud of sheriff's department, state police and municipal working together, but county needs a lot more help.
- B. Most drugs in Allegany originate from the Baltimore area.
 - a. In the past year, 8 were arrested from Baltimore City.
- C. Allegany demographics: 89% Caucasian, 8% black; 87% HS graduation. Per capita \$21K. Median household \$39K. 17.5% below poverty levels. Very impoverished county. Blue collar 51.1%.
- D. 302 patients with Methadone; 270 with Suboxone. Average length treatment is 14 months.
- E. Health Department established a local overdose prevention task force in April 2013.
- F. Local law enforcement is trained in administration of Naloxone
- G. January 2015 establishment of overdose fatality review team; March 2015 started a prevention project.
- H. There is an increase of drug use in the county; there is a 2-3x return on selling drugs in Allegany.
- I. County's judicial system has a hard time cracking down.
- J. Questions
 - a. Q from Dr. Finegan: Of the 302 patients, what percentage is receiving wraparound behavioral health services? What is the average length of treatment? How is finishing treatment defined? Majority of dealers are addicts themselves buying heroin for themselves and their friends: this is different from the crack epidemic.
 - i. A: Yes, heroin is a circular problem. Average length of treatment is 14 months; there is a two-way traffic of drugs here.

III. Pat Panuska, *Allegany County Health Officer*

- A. Allegany has outpatient and inpatient units with clients from all over the states.
- B. Costs
 - a. One of biggest issues is a workforce issue: cannot hire people because of costs and have to cut out other things.
 - b. Fringe costs are greater than hiring costs in some cases.
 - c. This affects all the county's health departments. 2% cuts went across the board, and local health departments got 13% cuts.
- C. Recommendations
 - a. Regulations are time-consuming.
 - b. There are a lot of dedicated folks who want to do this work, but they get overloaded. Headed towards fee-for-service. Grants are falling short because they keep going down and costs keep going up.

IV. Rodney Glotfelty, *Garrett County Health Officer*

- A. Garrett is a very rural county, westernmost in Maryland
- B. Things have changed drastically in the availability of prescriptions and heroin
 - a. Cell phones make connections easier by creating a network.
 - b. 2012 no deaths; 2013: 6 deaths; 2014: 2 deaths.

- c. Inpatient and ER patients have tripled since 2008. In 1998, 90% were in for alcohol and now it has changed.
- C. Barriers mean less access to treatment.
- D. Garrett resources
 - a. No inpatient, no methadone – the closest is 150 miles away. 52 residents travel to get medication-assisted treatment
 - b. The only recovering housing is transitional housing program for the homeless.
 - c. Health department provides outpatient treatment, working closely with 1 physician who gives medication-assisted treatment. Other physicians are not really interested in it; there is a stigma attached to this.
- E. Recommendations
 - a. Need state grant funds for recovery housing; funding for infrastructure.
 - b. Continued emphasis on prevention has to be priority.
- F. Questions
 - a. Q from Dr. Finegan: How many behavioral health people do you have?
 - i. A: 18 at health department; 4/5 others in community; 1 psychiatrist.
 - b. Q from Del. Wilson on prevention: there is a link between pain medication and the heroin epidemic. What educational opportunities and programs are there for prescription providers on the addictiveness of these drugs?
 - i. A: PDPs for physicians – but the problem is how to get the physicians to use the tool. Doctors are already very busy and one more thing they need to do deters them.

V. Jan Gardner, County Executive, Frederick County

- A. Heroin problem affects mostly young adults in their twenties, but also people in their 40s-60s.
- B. It is not just an urban issue. Rural northern area is also affected.
- C. Heroin has become the drug of choice in our drug court.
- D. In Frederick, over 100 are in methadone treatment; over 500 are trained for Narcan. Saved 9 lives this year.
- E. A quarter of high school students are offered drugs on school grounds.
- F. Families are starting organizations to help others; county is making sure the efforts are coordinated.
- G. Efforts
 - a. Jan Gardner created a heroin consortium that meets every few months.
 - b. First responders trained with Narcan.
 - c. Paramedics given information.
 - d. Vivitrol available at Adult Detention Center through a grant.
 - e. Drug court successful with 64 participants.
 - f. Drug disposal events twice a year, with boxes around the county.
 - g. 211 hotline: go-to place for referrals and connection to services. Originally a suicide prevention program. Serves all western Maryland. Concerned of impact if some counties in Western Maryland opt out. Partnership with Frederick Memorial Hospital. No capacity for detox center; need funding.

VI. Barbara Brookmeyer, Frederick County Health Officer

- A. Grant funding right now is only for those who aren't eligible for Medicaid and are uninsured and low-income. What's the plan for individuals who aren't eligible for Medicaid, aren't yet enrolled, and those at detention center?
- B. Questions
 - a. Q from Ms. Williams: Grants are shrinking and Medicaid isn't expanding; is that what you're saying?

- i. A: if we can't compel Medicaid applications, we can't use grants for them.
- b. Q from Ms. Embry: how do you measure success for your pilot programs?
 - i. A: by seeing if people are getting into treatment and also seeing how long they follow through for.
- c. Q: What about police response?
 - i. A: It depends on the situation. We rely on volunteers.
 - ii. Q from Ms. Dudley: Who are the volunteers?
 - iii. A: Those who have family or individual experience. There's a peer recovery coach academy (48-hour). So far successful in keeping up demand but need more staff for hand-holding later.
- d. Q from Dr. Finegan: You have a 10% recidivism rate – how are you getting that?
 - i. A: Health Department recidivism rate at state fiscal year: measures someone returning to detention center in that year's time (who was discharged from that program).
- e. Q: Challenge of compelling people – why aren't they signing up?
 - i. A: They just don't want to; don't want government knowing their business.

VII. Jeff Cline, Washington County Commissioner VP

- A. Cline has had personal experiences in the community; sees kids who are using their positive energy into drug use.
- B. Heroin is no longer a law enforcement problem. It's a disease and epidemic throughout Maryland.
- C. Recommendations
 - a. Please continue this outreach and consider funding to smaller counties. Help counties bring these programs together. This help is needed.
 - b. There is a way of thinking of "not wanting to pay tax for someone on drugs" that needs to be overcome, because everyone is paying for drugs somehow (even if not through taxes). This disease needs treatment.
- D. Q from Ms. Embry on technology: is technology being explored in rural counties? Is there a potential to use technology to overcome some of the challenges that come with distance?
 - a. A: Technology is being used to provide psychiatric services for children.

LAW ENFORCEMENT

I. Douglas Mullendore, Sheriff, Washington County

- A. It is not only the youth taking drugs.
- B. Washington County set up the Prescription Drug Monitoring Program 5 years ago.
- C. Increase in heroin deaths since 2009; more each year than fatal accidents and homicides put together.
- D. 4.5 years ago, Mullendore worked with the Health Department to implement Vivitrol in detention centers.
- E. Patrol deputies respond to overdoses and criminal investigators to respond as well – cases are then traced back to the distributor. If it is fatal case, the narcotics task force is brought in.
- F. Robberies, burglaries, thefts are committed by people with heroin addiction. The addict and also their family must be treated.
- G. Questions
 - a. Q from LG: If a crime is directly related to addiction, does it still go on record?
 - i. A: That depends on the judge.
 - b. Q from Ms. Embry: What are some statistics on the Vivitrol program?
 - i. A: Vivitrol is a voluntary program; there are 18 or so on that program. Spice is a huge problem in Washington County.
 - c. Q from Ms. Williams: How long would you keep a person on Vivitrol for? Do you provide it?

- i. A: The length of time an individual is on Vivitrol depends on the person. Yes, we provide it.

II. Craig Robertson, Sheriff, Allegany County

- A. Drug sources in Allegany come from the Baltimore area.
- B. Open-air drug markets were unheard of 2 years ago but now they are common.
- C. Attractions to bring drugs into Allegany: heroin dealer can triple his earnings by selling in Allegany. A few years ago local addicts would go to Baltimore, but now individuals are coming from Baltimore and keeping shop in Allegheny.
- D. Spice is a mix of heroin and fentanyl that leads to immediate overdose. In the past 8 months, there have been deaths due to this.
- E. Heroin has gone beyond the borders of narcotics – now it is also criminal, related to thefts, etc.
- F. Recommendation
 - a. Epidemic can't be stopped by law enforcement. Law enforcement working with agencies and health department of county led to the training of over 150 officers for Narcan and drop-off collection boxes. Law enforcement needs stiffer stance in court system (sentencing or with regards to treatment).

III. Charles Smith, Frederick County State's Attorney

- A. The Annapolis atmosphere is not conducive to prosecuting. HB 222 was defeated by the Senate, although it would have held drug dealers responsible. Something like this in effect is needed.
- B. Recommendations
 - a. Encourage LG and administration to support this. If dealers were held responsible, a major dent would be made. It's a law in the federal system already. Instead, there is a bill that says "you're a dealer, but we're going to repeal mandatory minimums. Enhanced penalties are needed to deal with large-scale heroin dealers to hold them more accountable. A great deal can be done legislatively.
 - b. Adult drug courts – problem-solving courts need to be more coordinated across the state.
 - c. School curriculum needs to be addressed – it is woefully inadequate.
 - d. Need community effort for other problems addicts deal with: housing, employment, court-ordered Vivitrol.
- C. Program in SA's office: youthful offender program. Started as diversion program for youth 12-17. It is now a youthful drug offender program, with 80-90% of the kids dealing with heroin/opiate/other drug addiction. It is not a "scare straight" program. Age range is decreasing; there are 12 year-olds with addiction.
- D. Timeframe to addiction is really compressed – a matter of months.
- E. Questions
 - a. Comment from Ms. Williams: Marijuana is different now than before.
 - i. Mr. Smith: Yes, people are dying of marijuana now.
 - ii.

IV. Lisa Thayer Welch, Garrett County State's Attorney

- A. Significant interstate issues. Need to put things together and effectively have a multi-state drug court.

V. Chuck Jenkins, Sheriff, Frederick County

- A. Law enforcement initiatives are among the most aggressive, but we can't arrest our way out of the problem.
- B. Heroin became a real problem in late 2012.

ADDICTION TREATMENT EXPERTS

I. Judge Dana Wright, Washington County Juvenile Drug Court

- A. An option as a judge in facing this problem is traditional probation; forced abstinence in jail does not work.
- B. We have good outpatient resources in Washington County community but struggle in parole and probation.
- C. Focus on funding treatment and supporting funding of treatment is important.
- D. So far, there have been no violations of the Vivitrol program.
- E. Challenges
 - a. Monitoring dollars – better sense of this needs to be developed.
 - b. Judiciary needs to have better conversations to use resources better; improve at data management.
- F. Q from Dr. Finegan: Are there consequences for not going to treatment?
 - a. A: We have authority to make parents make kids do something but structured enforcement is complicated. Resources have to keep being applied.

Kim Eaton, Day Report Center, Franklin County

- A. In 2006, Franklin County opened the Day Report Center to reduce recidivism and need for jail bed days.
- B. Day Report Center program refers addicts to doctors. Medication used the majority of the time is Saboxone (cost, stability, ability to self-administer). MAT program. Known opiate addicts now graduate 67%. Use of Saboxone saves money on treatment (inpatient in PA: \$215/day for 14-21 days; 1 person can cost county \$3-4500). MAT program – avg cost \$1125. Money supported by fines = no cost to county. Issues to develop program. Specialized case manager and oversight needed. When treatment is better option than incarceration – fiscally sound, morally correct, publicly minded = should be an option. Need help more than punishment
- H. Nancy: how do you define treatment a success? How do you verify sobriety?
 - a. A: Random drug testing; we test for Saboxone and other substances; success is marked by graduation from the Day Report Center.
 - b. Q: Do you have any data post-graduation?
 - c. A: Recidivism rate (those going back back in jail) is very low.

Carin Miller, Maryland Heroin Awareness Advocates

- A. Founded Maryland Heroin Awareness Advocates, a support group. Miller's husband is an addict of 31 years; now addicted to Saboxone.
- B. Challenges/Recommendations
 - a. Insurance companies and Medicaid.
 - b. Each addict needs to have individual assessment + tailor-made treatment program just for them to find underlying cause of addiction.
 - c. Barriers to access to treatment are an injustice.
 - d. Funds should be spent on Vivitrol.
 - e. Don't underplay what's going on in schools. Need statewide comprehensive campaign. State's 211 campaign needs to be more harsh and visible, not cartoons.
 - f. Prescriptions are expensive; each of our trainees only leave with 2 doses; funding is an issue.
- C. Comment from LG: GOCCP will have grants for Vivitrol. We are having conversations with State Superintendent of Schools for earlier drug awareness education.

Sheri Denham, Registered Nurse on opiate literature review

- A. Addiction crosses all barriers.

- B. Addiction is caused by health care providers shown by trends of pharmaceutical sales (sales have skyrocketed).
 - a. Cocaine and heroin have remained consistent, but prescription-related deaths have increased. Opiate-related sales and deaths have risen together. Research project studies the correlation.
- C. Research project: literature review looking at 27 articles addressing opiate addiction. Overall, 74% obtain prescriptions from healthcare provider or friend/family's healthcare provider.
 - a. Conclusion: there is a direct correlation between initial exposure to opiates and subsequent opiate and heroin addiction. Healthcare providers are at least partially responsible for this.
- D. Recommendations
 - a. Target nurses/medical personnel and educate them about opiate addiction. Nurses need to take ownership of prescriptive behaviors to educate their patients.
 - b. Prescription is linked to approvals and reimbursement. Need better treatment options for them.
 - c. Need to know how to treat levels of pain safely.

Allen Twigg, Meritus Medical Center

- A. Meritus Medical Center treats predominantly younger people: 25 and under.
- B. There are increased regulations and scrutiny of physician prescribing; there is more caution about prescribing now. But if there are fewer prescription medications available, something is going to fill that gap --- heroin in this case.
- C. Psychiatric hospitalization average length of stay is 3.5 days. Very short stay; can't start Vivitrol in that amount of time because it requires 7-10 days of abstinence before starting Vivitrol.
- D. Carroll County has an ER prescription opiate and heroin program, meeting May 29. It has been implemented for 3 years with pretty good success.

Ramsey Farah, Phoenix Health System

- A. Challenge with the Prescription Drug Monitoring Program (PDMP) and who can afford the time to maintain it.
- B. Phoenix Health has an Opiate Treatment Program – is PDMP still needed?
- C. Recommendations
 - a. Stigma – everyone hates Methadone. Measure not by dose but by other success measures. Depends on genes. Stigma has got to go.
 - b. We have to change education. Talk to the media.
 - c. Nothing good from marijuana.
- D. Private insurance is not interested.

Deanna Bailey, Alternative Drug and Alcohol Counseling Center

- A. Pharmaceuticals were rampant in 1990s. These kids are now in their 30s.
- B. Heroin addiction treatment today is still limited.
- C. Recommendations
 - a. Treatment is only as good as the willingness of the client.
 - b. Outpatient treatment programs need to come in and help patients understand what's happening. Individuals with addictions grew up with limited feeling of well-being, happiness, security, safety, comfort. In outpatient, we try to ask, how can an individual feel good without a drug? Some cases need medical support; others go cold turkey. If we get them motivated and refer them to Methadone and Suboxone, we lose them as clients because Medicaid doesn't allow billing for two places. We provide intense outpatient – substance abuse. No mental health.

Jacque Burrier, *Project Hope*

- A. Project Hope advocates positive, comprehensive, nonpartisan approach to heroin problem. No addict chooses this lifestyle. Waiting lists for treatment are long.
- B. Recommendations
 - a. This is a family disease; the whole family needs to be treated.
 - b. One of the first steps is making the whole state aware of the magnitude of this problem.

Claude Nelson, *Drug Abuse Resistance Education (DARE) Coordinator*

- A. Concern is not just as a program coordinator but also from a personal standpoint: Nelson is a parent in a family with this addiction.
- B. DARE wants to make better and productive citizens, through Prevention, Intervention, Enforcement (PIE).

Richard Benchoff, *Wells House, Inc.*

- A. Heroin is the main problem along with prescription drugs.
- B. Recommendations
 - a. Treatment length must be longer. 28 days of treatment is not enough.
 - b. Issues with insurance companies hamper addressing this problem. Parity Act (Congress) is a good thing.
 - c. People following treatment regimens for other diseases have no stigma (i.e. diabetes). Stigma is horrible.
 - d. We need more treatment slots. All aspects must be expanded to address this problem.

Marte Birnbaum, *Gale Recovery*

- A. Gale Recovery is a 3.1 halfway house serving western Maryland, in community for 40 years. 3.1 programs are covered by insurance but are not getting any more funding after FY 16. Town hall meeting May 28.
- B. Recommendations
 - a. There is a lack of understanding of substance use disorders.
 - b. Insure kids on parents' insurance.
 - c. Make recovery available to complete treatment behind the walls.
 - d. Treatment has to be long enough to be effective.

Becky Meyers, *Alleghany Outpatient*, and Kathy Miller, *Alleghany Inpatient*

- A. Only 20 prescribers have active account. PDMP was set up in December 2013. Our kids know how to locate and use prescription drugs.
- B. Inpatient is a 60-day treatment program.
- C. In cases where kids are coming from outpatient programs, when the kid is brought into treatment but then leaves (AWOL), it is very costly. If kids come through Department of Juvenile Services, they are more likely to stay in treatment rather than if they came via outpatient programs.
- D. With adults, legal consequences make an impact. But a person may go to court and there may get referred to inpatient treatment to complete 28 days, with nothing about continuing care.
- I. The better the treatment, the better the outcome. Working with patient to get them to understand their denial, seriousness of addiction, getting to point of acceptance.
- E. Recommendations
 - a. Legal system should have more clout in saying "you need treatment and also continued care – intensive outpatient, halfway house; long-term.)
 - b. Psychiatric treatment: one of the struggles is an increase in patients who are also sicker psychiatrically. Need more money for psychiatrist, nurses, etc. We can handle these people in residential treatment programs but we need more doctors and nursing staff.

- c. Regulation around Suboxone needed – a lot of our patients come into treatment and have been prescribed Suboxone and buprenorphine, but then they sell them on the streets.
- J. Q from Dr. Finegan: Do you have any recommendations for DJS?
 - a. A: Have DJS focus on access to getting treatment. We have the beds; where are the kids?

Gina Carbaugh, *Richard Carbaugh's Hope Foundation*

- A. Based on Carbaugh's son, who died 2 years ago at 8 months clean. His problems stemmed from personal issues; was in 8 different treatments, spent thousands of dollars. DJS helped him get into treatment facility for 4 months. Sent to Annapolis to halfway house; then getting his life on track.
- B. Recommendations
 - a. Need more treatment facilities. In northern part of county there is one but it is unsuitable for younger individuals.
 - b. Problem is finding treatment and detox: insurance is a huge barrier.
 - c. Lengthen treatment: if there is help, it's only 2 weeks, which is not long enough. I work as a crisis nurse and we see FDA and CDC there.
 - d. Lessen approval of opiate drugs: why are they letting opiate drugs be approved weekly?
 - e. More efforts for detox and treatment, especially for young individuals.

PUBLIC COMMENT

Kevin Simmers – 30 days ago I buried my daughter. Police officer for 30 years. At 14, my daughter started using marijuana. She then went through a couple treatment programs. Drug use escalated to pill form when she was 17. She got into treatment in Hagerstown and was in and out of treatment programs; in 2014 – inpatient. June 2014 overdosed and Narcan was administered to her. Finally found treatment facility in Annapolis – she completed 25/30 days of program. Had to pick her up because insurance didn't pay anymore. She had a 85K bond when she was in jail. She couldn't get Vivitrol shot because insurance had to approve. Was going to get it on Friday; she passed on Monday. Insurance approved on Wednesday.

April Rouzer: Works with substance use prevention in Washington County; noticed in past year that even though strategies can be effective, we still need more resources. Implemented Naloxone district programs and implemented a fatality review team process. Poly-using is usually what causes fatalities. Look at education, campaign, advertising, and have a paradigm shift that addiction is a disease. Taxpayers need to have this shift; proper prescribing practices are also needed. In 2013, local hospital saw 616 overdoses. In 2014, 617 overdoses. 80% were related to opioid overdoses. Need protocol mandating that the ER mandate referrals through local treatment providers. ESPERT – need medical providers to use uniformed screening tool.

Jamie Rowland: third-generation Hagerstown resident with family background of chronic health problems and addiction. Now in clinical and psychotherapy services. Active in Washington County for overdose prevention. Work with people on Medicare systems. Large prison systems here, so families often relocate from Prince George's and Baltimore when their family members are incarcerated in the prisons. When released, released into community. Contributes to chronic issue with alcoholism and homeless students. Higher unemployment than state. People are trying to numb the pain.

Pastor Brett McKoy: Too many people stuck behind shame and pain and not sharing. Seats emptying at today's summit is a problem; it was packed in the beginning, but when the (common) people spoke, they left. Lost his son.

Susie Gruber: My son is an addict. I have been on pain management for 11 years. Nurse practitioners today say they are on overload; they are given \$10-20,000 bonuses for the number of prescriptions they give out. Can only keep 100 patients on Suboxone a month. Can keep them on it but can't take them off

it. Pain needs to be managed better. There should be narcotics tax. My son went to health department for Vivitrol; there was a long wait, and you also have to be clean for 10 days before being allowed to take it. But what addict is clean for 10 days?

Debbie Fling: Have 2 sons, both addicts and incarcerated due to addiction; it has been devastating. I am an awareness advocate. Needed to step up and do what I need to do. There's a lot of drugs in the prison system. I also work with Project Act. Stigma is terrible; I didn't want people to know my son was an addict before I worked with Project Act. Vivitrol - \$700 a shot is my understanding. Can't get it without insurance. You have to apply for it and have to be clean – at risk of losing our kids in between that time. We should get funding toward Vivitrol before their release into the streets. We need coverage of this. Advertising, commercials, in your face to make household conversation. Funding for treatment.

- Comment from LG: Vivitrol doesn't work if a person isn't clean. There is a grant to local prison facilities to start Vivitrol in correction facilities as people start to transition out.

Thomas Werner: 40-year resident of Frederick County. Education and prevention is important. Increasing number of addicts is overwhelming the resources that we have. We can't keep up. We need to stop the influx of users. 2013 Youth Behavioral Risk Assessment – kids vulnerable to drugs on school property – felony. Maryland education should start earlier. 10-12th grade has no mandatory specific drug education. Recommend that: 1. Parents are the ones primarily responsible for children's education 2. Initiate independent audit of drug education and prevention in Maryland school systems to see degree of compliance with existing law and efficacy of letter of the law treatments. 3. Use enormous advances of communications technology to initiate drug prevention and education program.

Bob Kozloski: Want to create safer drug environment in Maryland. Address supply – hold Maryland physicians and licensing boards accountable for unmanaged prescriptions. Improve strength of PDMP – mandatory reporting of physicians. Improve recovery programs to treat disease. Increase penalties for drug dealers and doctors associated with drug OD deaths. My son died 3 years ago, overdosed on OxyContin. I made a complaint to physician's board, but their licenses are just suspended and they can get them back. See bills initiated by State's Attorney's office to address shortfall, i.e. bill in NJ: liability-induced death act. Licensing board needs to manage disciplinary actions of doctors – criminal homicide charges. Electronic system. Must be progressive, proactive.

Rose Marie Souder: Methadone clinic moved behind my house, 50 feet away. Concerned that people are making a profit off of selling drugs to their clients.

Robert Harsh: Lost niece 3 months ago. Look at regulating treatment centers.

Barbara Hovermill: Also lives in Methadone clinic neighborhood like previous 2 people. This brings active criminal activity. \$7.7B industry (Methadone) – the profit-making sickens me. Question drug enforcement agencies. How can these drugs be legal and available? Some drugs are being sold on the legal market. Health department in our county is doing a good job by offering Vivitrol to those who have successfully completed detox program. This should be pushed. Invest in our communities and make people well.

Dee Miles: Lost son; was great athlete; played football in college – wanted to be a coach and tutor. Went to southern Maryland to work construction with his father; the girl my son was seeing gave him pills to snort. She gave him heroin; he was 6'5 so he wasn't much affected – until he began shooting heroin. Older woman on job site seduced him and made him do opiates with her – strapped him up with a belt to give him heroin. He overdosed in the bathroom; I tried to resuscitate him; got Narcan; in hospital was released in 3 hours. Bought opiates again when he got money. We need awareness to parents and

neighbors; get Narcan; an ambulance might take 15-20 min in a rural place. Good Samaritan laws should be advertised so kids would know they wouldn't get in trouble.

Christina Price: 20 year-old daughter is a heroin addict, on and off for the last few years. A year ago she got off rehab; used Vivitrol; urge to use is still there, which led her to using spice. 30 days later started using heroin again after not having gotten a new shot of Vivitrol. In August 2014 didn't answer when in bathroom – was blue on the floor after overdosing. Taken to ICU. Probation officer told her to go to IOP. She didn't like drug class at health department because they only talked about drugs and how they can get a hookup – too many triggers. People who are serious about being clean should be separated with those who are court-ordered. Doesn't know how to deal with her triggers. She totaled 3 cars; police refused to arrest her because by the time they could measure her blood, the drugs would be out of her system and it would be a waste of time. Gap between incarceration, getting out, treatment, too long. She is homeless now and doesn't have any treatment. Concerned Persons Group (referred from Health Department) helped me gain sanity – learn about disease and not be enabler. Should be more similar groups.

Betty Joe Shifler: Work for psychiatrist. Husband's doctor said that you had to have very addictive personality to get addicted. Orthopedic surgeon gave 90 oxycodon after husband's second surgery. Doesn't need all of that and it stays at home. Doctors need to be more educated and regulated.

Charles Casey: Large segment of the population is misinformed or uninformed. Have learned from today that there's an underlying social issue. Suggest fixing the system – must have mental and physical part.

Julie Zebroski: Mother, grandmother, business owner. Brought up in the church. Son went to prison and came home a drug addict. His brother is one too. 14 days is not enough. Afraid of losing sons. Involved in prison ministry; involved to help. Prison isn't the answer.

Brad Graham: Member of recovery committee. 2007 succumbed to alcoholism. Got stabilizing housing – one of the cornerstones to recover. Lack of funding for housing in general. Stabilize people who want to get treatment. It can work.

David Lidz: Executive Director of a nonprofit in Hagerstown that provides jobs for people in early recovery. We don't let clients with Suboxone come in our house anymore – once it gets in the house, it gets stolen, traded, sold, misused. Looking for long-term solutions.

Susan Fox: Drug Enforcement Administration educator for a foundation. Seeds of prevention need to be sowed early. Went from Florida to Baltimore and Hagerstown for prevention. Need to do prevention for all ages and drug topics. All drugs are an issue; the addiction is one and the same. Prevention should be part of the school curriculum.

B. Marie Byers: Volunteer – driver's ed should also have drug/alcohol requirement; now schools are too interested in testing. Was on school board 30 years and national board 12 years. Education should start in 3rd grade, not 5th.

Bill Gaertner: Ex-offender, out of prison 1.5 years; was in prison with domestic violence and alcohol 8.5 years. Running reentry program. Not enough transition housing. Please help us with housing.